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04/12/01

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04-16-01

PTO/SB/05 (12/97)

Approved for use through 9/30/00, OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|  |          |               |    |
|--|----------|---------------|----|
| Attorney Docket No.                            | 2944.2.3 | Total Pages   | 38 |
| First Named Inventor or Application Identifier |          |               |    |
| Richard Schroeppel                             |          |               |    |
| Express Mail Label No.                         |          | E1565279968US |    |

A  
J10  
04/12/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form  
*(Submit an original, and a duplicate for fee processing)*
2.  Specification [Total Pages 27] (preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Application
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 USC 113) [Total Sheets 6]
4. Oath or Declaration [Total Pages 1]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 17 completed)*  
[Note Box 5 below]
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5.  Incorporation by Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**Assistant Commissioner for Patents**  
**ADDRESS TO:**  
**Box Patent Application**  
**Washington, DC 20231**

6.  Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))
9.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
10.  English Translation Document (if applicable)
11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
14.  Small Entity  Statement filed in prior application, Statement(s) Status still proper and desired
15.  Certified Copy of Priority Document(s)  
*if foreign priority is claimed)*
16.  Other: Express Mail Certificate

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.:

60/165,202

53/518,389

60/196,696

09/710,987

**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label
or  Correspondence address below

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# FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT **\$ 355**

| Complete If Known      |                    |
|------------------------|--------------------|
| Application Number     |                    |
| Filing Date            | APRIL 12, 2001     |
| First Named Inventor   | Richard Schroeppel |
| Group Art Unit         |                    |
| Examiner Name          |                    |
| Attorney Docket Number | 2944.21 2944.2.3   |

| METHOD OF PAYMENT (check one)  |          | FEE CALCULATION (continued)   |          |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
|--|----------|---|----------|---|----------|---------------|----------|---------------|------------------------|-------------|----------|-----|-----|-----------------------------------|-----|-------------------------------------|-----|--------------------------------|--------------------------|-----|--|-----|-----|---|-----|---------------------------|-----|------|---|--------------------------------|--|-----|------|------------------------|--------------------------------|--|-----|-------|-----|-------|---|-----|-----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|------|-----|-----|---|-----|------|-----|-----|--|-----|-----|-----|-----|------------------|-----|-----|-----|-----|--|-----|-----|-----|-----|--------------------------|-----|------|-----|------|---|-----|-----|-----|----|----------------------------------|-----|------|-----|-----|------------------------------------|-----|------|-----|-----|-------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|--------------|---|-------|---|----------------------|-------------|---|------|---|-------------|----------------------|--|--|---|-------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/>  |          | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> </tr> <tr> <td>147</td> <td>2520</td> <td>147</td> <td>2520</td> <td>For filing a request for reexamination</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> </tr> <tr> <td>118</td> <td>1390</td> <td>218</td> <td>895</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>128</td> <td>1890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> </tr> <tr> <td>138</td> <td>1510</td> <td>138</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - intentional</td> </tr> <tr> <td>141</td> <td>1240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> </tr> <tr> <td>142</td> <td>1240</td> <td>242</td> <td>620</td> <td>Utility issue fee</td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> </tr> <tr> <td>Total Claims</td> <td>3</td> <td>-20 =</td> <td>0</td> <td>Extra Fee from below</td> </tr> <tr> <td>Ind. Claims</td> <td>3</td> <td>-3 =</td> <td>0</td> <td>x _____ = 0</td> </tr> <tr> <td>Multiple Dep. Claims</td> <td></td> <td></td> <td>0</td> <td>x _____ = 0</td> </tr> </tbody> </table> |          | Large Entity  |          | Small Entity  |          | Fee Code      | Fee (\$)               | Fee Code    | Fee (\$) | 105 | 130 | 205                               | 65  | Surcharge - late filing fee or oath | 127 | 50                             | 227                      | 25  | Surcharge - late provisional filing fee or cover sheet | 139 | 130 | 139   | 130 | Non-English specification | 147 | 2520 | 147   | 2520                           | For filing a request for reexamination | 112 | 920* | 112                    | 920*                           | Requesting publication of SIR prior to Examiner action | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | 115 | 110 | 215 | 55 | Extension for reply within first month | 116 | 390 | 216 | 195 | Extension for reply within second month | 117 | 890 | 217 | 445 | Extension for reply within third month | 118 | 1390 | 218 | 895 | Extension for reply within fourth month | 128 | 1890 | 228 | 945 | Extension for reply within fifth month | 119 | 310 | 219 | 155 | Notice of Appeal | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | 121 | 270 | 221 | 135 | Request for oral hearing | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding | 140 | 110 | 240 | 55 | Petition to revive - intentional | 141 | 1240 | 241 | 620 | Petition to revive - unintentional | 142 | 1240 | 242 | 620 | Utility issue fee | 143 | 440 | 243 | 220 | Design issue fee | 144 | 600 | 244 | 300 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | Total Claims | 3 | -20 = | 0 | Extra Fee from below | Ind. Claims | 3 | -3 = | 0 | x _____ = 0 | Multiple Dep. Claims |  |  | 0 | x _____ = 0 |
| Large Entity   |          | Small Entity  |          |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 105  | 130      | 205   | 65       | Surcharge - late filing fee or oath                     |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 127  | 50       | 227   | 25       | Surcharge - late provisional filing fee or cover sheet  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 139  | 130      | 139   | 130      | Non-English specification                               |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 147  | 2520     | 147   | 2520     | For filing a request for reexamination                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 112  | 920*     | 112   | 920*     | Requesting publication of SIR prior to Examiner action  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 113  | 1840*    | 113   | 1840*    | Requesting publication of SIR after Examiner action     |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 115  | 110      | 215   | 55       | Extension for reply within first month                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 116  | 390      | 216   | 195      | Extension for reply within second month                 |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 117  | 890      | 217   | 445      | Extension for reply within third month                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 118  | 1390     | 218   | 895      | Extension for reply within fourth month                 |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 128  | 1890     | 228   | 945      | Extension for reply within fifth month                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 119  | 310      | 219   | 155      | Notice of Appeal  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 120  | 310      | 220   | 155      | Filing a brief in support of an appeal                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 121  | 270      | 221   | 135      | Request for oral hearing                                |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 138  | 1510     | 138   | 1510     | Petition to institute a public use proceeding           |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 140  | 110      | 240   | 55       | Petition to revive - intentional                        |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 141  | 1240     | 241   | 620      | Petition to revive - unintentional                      |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 142  | 1240     | 242   | 620      | Utility issue fee                                       |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 143  | 440      | 243   | 220      | Design issue fee  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 144  | 600      | 244   | 300      | Plant issue fee   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 122  | 130      | 122   | 130      | Petitions to the Commissioner                           |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Total Claims   | 3        | -20 =   | 0        | Extra Fee from below                                    |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Ind. Claims  | 3        | -3 =  | 0        | x _____ = 0   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Multiple Dep. Claims   |          |   | 0        | x _____ = 0   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| <b>4. FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> </tr> </tbody> </table> |          | Large Entity  |          | Small Entity  |          | Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$)               | 101         | 710      | 201 | 355 | Utility filing fee                | 106 | 320                                 | 206 | 160                            | Design filing fee        | 107 | 490  | 207 | 245 | Plant filing fee                                | 108 | 710                       | 208 | 355  | Reissue filing fee                                      | 114                            | 150                                    | 214 | 75   | Provisional filing fee | <b>SUBTOTAL (1)</b> <b>355</b> |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Large Entity   |          | Small Entity  |          |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Fee Code (\$)  | Fee (\$) | Fee Code (\$)   | Fee (\$) |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 101  | 710      | 201   | 355      | Utility filing fee                                      |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 106  | 320      | 206   | 160      | Design filing fee                                       |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 107  | 490      | 207   | 245      | Plant filing fee  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 108  | 710      | 208   | 355      | Reissue filing fee                                      |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 114  | 150      | 214   | 75       | Provisional filing fee                                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| <b>2. CLAIMS</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20 =</th> <th>Extra Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>0</td> <td>x _____</td> <td>0</td> </tr> <tr> <td>Ind. Claims</td> <td>-3 =</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dep. Claims</td> <td>0</td> <td>x _____</td> <td>0</td> </tr> </tbody> </table>   |          | Total Claims  | -20 =    | Extra Fee from below                                    | Fee Paid | 3             | 0        | x _____       | 0                      | Ind. Claims | -3 =     | 0   | 0   | Multiple Dep. Claims              | 0   | x _____                             | 0   | <b>SUBTOTAL (2)</b> <b>355</b> |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Total Claims   | -20 =    | Extra Fee from below  | Fee Paid |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 3  | 0        | x _____   | 0        |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Ind. Claims  | -3 =     | 0   | 0        |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Multiple Dep. Claims   | 0        | x _____   | 0        |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| <b>Large Entity</b><br><table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>                |          | Fee Code (\$)   | Fee (\$) | Fee Description   | 103      | 18            | 203      | 9             | Claims in excess of 20 | 102         | 80       | 202 | 40  | Independent claims in excess of 3 | 104 | 270                                 | 204 | 135                            | Multiple dependent claim | 109 | 80   | 209 | 40  | Reissue independent claims over original patent | 110 | 18                        | 210 | 9    | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (3)</b> <b>355</b> |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| Fee Code (\$)  | Fee (\$) | Fee Description   |          |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 103  | 18       | 203   | 9        | Claims in excess of 20                                  |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 102  | 80       | 202   | 40       | Independent claims in excess of 3                       |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 104  | 270      | 204   | 135      | Multiple dependent claim                                |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 109  | 80       | 209   | 40       | Reissue independent claims over original patent         |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| 110  | 18       | 210   | 9        | Reissue claims in excess of 20 and over original patent |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |
| *Reduced by Basic Filing Fee   |          |   |          |   |          |               |          |               |                        |             |          |     |     |                                   |     |                                     |     |                                |                          |     |  |     |     |   |     |                           |     |      |   |                                |  |     |      |                        |                                |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                   |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |              |   |       |   |                      |             |   |      |   |             |                      |  |  |   |             |

| SUBMITTED BY          |                           | Complete (if applicable) |
|-----------------------|---------------------------|--------------------------|
| Typed or Printed Name | RICHARD SCHROEPPEL        | Reg. Number              |
| Signature             | <i>Richard Schroeppel</i> | Deposit Account User ID  |

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I hereby certify that this patent application in the name of Richard Schroeppel for "Automatically Solving Equations in Finite Fields" together with six (6) sheets of drawings; a Declaration and Petition; a Declaration Claiming Small Entity Status for an Independent Inventor; transmittal letter; and Check number 521 for \$355, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington DC 20231.



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